

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-002

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: [Redacted]	Submission date: 12/17/2012	Contact person (if different than reporter)	Internal ID 1-32131963	
	Address: California		Address:		
	Phone #: [Redacted]		Phone #:		
	Incident Status: New	Location and date of incident California 11/21/2012	Date registrant became aware of incident: 11/26/2012	Was incident part of larger study?	
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 2382-104		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) Amitraz		A.I. (s)		A.I. (s)
	Product 1 Name Preventic Collar for Dogs 25 in collar		Product 2 Name fish, stuffed mushrooms		Product 3 Name
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?
	Formulation		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/ formulating) See Description Notes 	
	Applicator certified PCO? Not applicable				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description				

Personal privacy information

11/26/2012 11:46:02 AM Preventic collar 25 inch - Amitraz

Caller applied the product on 11/21/12 and washed his hands afterwards. The next day, he developed red and puffy cheeks and forehead and his eyes became itchy. He went to an MD on 11/23/12 and was Rxd benadryl and prednisone. His sxs are persisting. He is wondering if the collar could be the cause? He thinks that as he petted the dog after applying the collar he touched the collar and then at some time maybe rubbed his with face that hand. He has no allergies though tomatoes give him gas. He had fish and stuffed mushrooms 11/22/12 prior to the sxs.

A:

- Skin exposure may result in irritation and redness, which should gradually subside following irrigation.*
- Remove contaminated clothing and rinse exposed skin with water for at least 20 minutes.*
- If skin irritation develops, apply cold compresses or vitamin E/aloe vera containing products.*
- This is not an expected effect of routine product use.*
- The patient may or may not have an unrecognized sensitivity to one of the active or associated ingredients in a given product.*
- You may be experiecing an allergic reaction to something*
- Since the sxs are sill persisiting - rec. follow-up with MD*

Why is there information on the product about an antidote if poisoning occurs?

A: The main concern with the AI would be if the collar were ingested

- There are relatively few documented cases of amitraz poisoning by the dermal route. Skin exposure would mainly cause skin irritation.*
- Gave case# and CB#*

11/29/2012 3:37:27 PM Called back, left message on voice mail asking for return call and follow-up information.



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Erythema, 24 hrs or less;</i> <i>Swelling, 24 hrs or less;</i> <i>Itching, 24 hrs or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)



Internal IS #
 1-32131963